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CENTRAL FAX CENTER**NOV 10 2004****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicant(s): Parsons****Application No.: 09/753345****Filed: 12/29/2000****Title: Method and System for Providing Remote
Access to Previously Transmitted Enterprise Messages****Attorney Docket No.: 061473/0269982 120-058****Group Art Unit:
2697****Examiner:
Elahee****Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450****RESPONSE****Dear Sir:**

In response to the Office Action of August 11, 2004, please amend the application as shown on the attached sheets and consider the remarks below.

Please type a plus sign (+) inside this box



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/753345
		Filing Date	12/29/2000
		First Named Inventor	Parsons
		Group Art Unit	2697
		Examiner Name	Elahee
Total Number of Pages in This Submission		Attorney Docket Number	120-058 061473/0269982
		Nortel Ref.	13640

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		Please charge any deficiency or credit any overpayment to Deposit Account No. 502569.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Holmes W. Anderson, Reg. No. 37,272 Steubing McGuinness & Manaras LLP
Signature	<i>Holmes W. Anderson</i>
Date	November 10, 2004

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Serial No.: 09/753345
Attorney Docket No: 120-058

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Transmittal x 2	2 pages
Amendment	8 pages
Total including this sheet	11 <u>pages</u>